

**BOARD OF TRUSTEES**

**Gary Wall, Supervisor**  
**Sue Camilleri, Clerk**  
**Margaret Birch, Treasurer**  
**Anthony M. Bartolotta, Trustee**  
**Julie Brown, Trustee**  
**Karen Joliat, Trustee**  
**Donna F. Kelley, Trustee**



5200 Civic Center Drive  
Waterford, Michigan 48329-3773  
Telephone: (248) 674-6252 Fax: (248) 618-7519  
[www.twp.waterford.mi.us](http://www.twp.waterford.mi.us)

**Louis W. Feurino**  
Human Resource Director  
[lfeurino@twp.waterford.mi.us](mailto:lfeurino@twp.waterford.mi.us)

May 16, 2016

Dear Police Applicant:

This Application and documentation of the following requirements must be returned to the Civil Service Commission by 4:00 p.m., on May 31, 2016. (We will not make copies of your documents and we do not accept faxed applications)

**Eligibility to apply for testing for Part-time Police Officer:**

1. Minimum of five years of full-time law enforcement experience in Michigan or another state within the USA.
2. Minimum of sixty-credit hours and be certified or certifiable under the MCOLES standards
- (or)
3. Veteran with 4 years of military service within 10 years of application cut-off- date and are Certified or Certifiable under the MCOLES standards.

AND

4. EMPCO, INC. written exam – passing score of 70 or better. Go to <https://www.empco.net/testing/> for testing information.

Applicants will be contacted for an oral board once the application cut-off date has passed.

If you have questions about employment or the testing process, please contact Arlene Ward at (248) 674-6252.



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|                 |
|-----------------|
| * F&HR use only |
| Status Sheet    |
| Scanned         |
| Required Doc's  |

Full-time Police Officer    Part-time Police Officer    Fire Department

Applications are considered for employment without regard to race, color, religion, sex, national origin, age, marital status and in compliance with State and Federal regulations on handicappers civil rights. Under the Michigan Handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonable should have known that an accommodation was needed.

**PLEASE PRINT IN BLACK INK OR TYPE**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE: \_\_\_\_\_  
(Area Code & Home Number) (Area Code & Work Number)

DATES OF ABOVE RESIDENCE: \_\_\_\_\_  
From To

S.S. Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE NO: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
No. Street City State Zip

U.S. CITIZEN? YES \_\_\_\_ NO \_\_\_\_ HIGH SCHOOL GRADUATE? YES \_\_\_\_ NO \_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME? YES \_\_\_\_ NO \_\_\_\_

ARE YOU NOW UNDER CHARGES FOR A CRIME? YES \_\_\_\_ NO \_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? YES \_\_\_\_ NO \_\_\_\_

***We do not accept faxed copies of applications or documents***

LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS (INCLUDE DATES):

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN REQUIRED TO ATTEND DRIVER SAFETY SCHOOL? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH YOU RECEIVED  
A TRAFFIC CITATION? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN IN MILITARY SERVICE? YES \_\_\_ NO \_\_\_

DATE ENTERED: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ RANK UPON DISCHARGE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

JOB CLASSIFICATION IN SERVICE & TRAINING: \_\_\_\_\_

### **EDUCATIONAL BACKGROUND**

CIRCLE HIGHEST GRADE COMPLETED

GRADE SCHOOL \_\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_ HIGH SCHOOL \_\_\_9\_\_\_10\_\_\_11\_\_\_12 COLLEGE \_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

HIGH SCHOOL GED? YES \_\_\_ NO \_\_\_

| SCHOOL             | NAME & ADDRESS | DATES | MAJOR | GRADE AVR.<br>DEGREE |
|--------------------|----------------|-------|-------|----------------------|
| GRADE<br>SCHOOL    |                |       |       |                      |
| HIGH<br>SCHOOL     |                |       |       |                      |
| COLLEGE            |                |       |       |                      |
| GRADUATE<br>SCHOOL |                |       |       |                      |
| BUSINESS<br>SCHOOL |                |       |       |                      |
| MILITARY           |                |       |       |                      |

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## **EMPLOYMENT HISTORY**

LIST BELOW YOUR EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST. IF ADDITIONAL SPACE IS REQUIRED, LIST ON A SEPARATE SHEET AND ATTACH TO APPLICATION. **PLEASE** COMPLETE IN DETAIL.

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT PRESENT AND/OR ALL PREVIOUS EMPLOYERS? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST EXCEPTIONS AND REASONS: \_\_\_\_\_

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LIST HOBBIES, LEISURE TIME ACTIVITIES AND INTERESTS: \_\_\_\_\_

LIST ALL CLUBS, FRATERNITIES, BUSINESS, PROFESSIONAL CIVIC OR OTHER ORGANIZATIONS TO WHICH YOU BELONG: (EXCLUDE THOSE WHICH INDICATE RACE, CREED, COLOR OR NATIONAL ORIGIN):

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CHARACTER REFERENCES (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

- |    |                  |            |
|----|------------------|------------|
| 1. | _____            | _____      |
|    | Name             | Address    |
|    | _____            | _____      |
|    | Telephone Number | Occupation |
| 2. | _____            | _____      |
|    | Name             | Address    |
|    | _____            | _____      |
|    | Telephone Number | Occupation |
| 3. | _____            | _____      |
|    | Name             | Address    |
|    | _____            | _____      |
|    | Telephone Number | Occupation |

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CREDIT REFERENCES – (Ex: Mortgage Company, Financial Institution, Credit Card, Car loans etc.)

- |    | Name  | Address | Telephone Number |
|----|-------|---------|------------------|
| 1. | _____ |         |                  |
| 2. | _____ |         |                  |
| 3. | _____ |         |                  |

***We do not accept faxed copies of applications or documents***

WHY ARE YOU INTERESTED IN EMPLOYMENT WITH THE WATERFORD TOWNSHIP POLICE  
OR FIRE DEPARTMENT?

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## AGREEMENT AND UNDERSTANDING

THE INFORMATION FURNISHED ON THIS APPLICATION AND SUPPLEMENTS THEREOF IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE WATERFORD TOWNSHIP TO VERIFY OR INVESTIGATE THIS INFORMATION AND ALSO AUTHORIZE THE ORGANIZATIONS AND PERSONS NAMED IN THE APPLICATION TO RELEASE INFORMATION REGARDING ME. I UNDERSTAND THAT MY FURNISHING OF ANY FALSE INFORMATION ON THIS OR ANY TOWNSHIP RECORD IS REASON FOR DISQUALIFICATION AS A CANDIDATE FOR EMPLOYMENT OR CAUSE FOR TERMINATION IF I AM EMPLOYED. I AGREE TO HOLD THE CHIEF OF POLICE, FIRE CHIEF, THE TOWNSHIP BOARD, TOWNSHIP OFFICIALS AND THE CIVIL SERVICE COMMISSION AND THEIR EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL DAMAGE THEY MIGHT SUFFER BY REASON OF ANY ACT OR COMMISSION OF MINE.

☐ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

UNDER THE PROVISIONS OF THE OPEN MEETING ACT, PUBLIC ACT NO. 267 OF 1976, PASSED BY THE STATE OF MICHIGAN AND EFFECTIVE APRIL 1, 1977, I UNDERSTAND THE REVIEW OF MY APPLICATION FOR EMPLOYMENT BY THE WATERFORD TOWNSHIP CIVIL SERVICE COMMISSION IS SUBJECT TO AN OPEN PUBLIC MEETING.

I HEREBY REQUEST A WAIVER, SO THAT MY APPLICATION FOR EMPLOYMENT IS NOT REVIEWED AT A PUBLIC MEETING, BUT INSTEAD THAT MY APPLICATION REMAIN CONFIDENTIAL UNDER THE PROVISIONS OF THIS ACT. BY SIGNING BELOW, THIS MEANS I WISH TO HAVE MY APPLICATION REVIEWED IN A CLOSED MEETING.

☐ **My application can be reviewed in an open meeting**      ☐ **I do not want an open meeting**

I AUTHORIZE THE CHARTER TOWNSHIP OF WATERFORD TO RELEASE ANY INFORMATION (EVEN IF MORE THAN FOUR YEARS OLD) RELATING IN ANY WAY TO MY EMPLOYMENT INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER NOTICES OF DISCIPLINARY ACTION WHEN SUCH INFORMATION IS REQUESTED BY ANY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION (BY THEM OR YOU) TO GIVE ANY NOTICE OF SUCH DISCLOSURE.

☐ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

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**AGREEMENT AND UNDERSTANDING  
(CONTINUED)**

I UNDERSTAND THAT ANY EMPLOYMENT OFFER IS CONDITIONAL UPON THE RESULT OF A DRUG SCREENING TEST, A POST OFFER PRE-EMPLOYMENT MEDICAL EXAMINATION AND PSYCHOLOGICAL EVALUATION.

\_\_\_\_ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

IF EMPLOYED, I UNDERSTAND THAT IF I AM OR BECOME HANDICAPPED IN NEED OF ACCOMMODATIONS FOR EMPLOYMENT, I MUST NOTIFY THE OFFICE OF FISCAL & HUMAN RESOURCES IN WRITING WITHIN 182 DAYS AFTER THE NEED IS KNOWN OR REASONABLY SHOULD HAVE BEEN KNOWN TO ME. FAILURE TO PROPERLY NOTIFY THE TOWNSHIP WILL PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE THE HANDICAPPER.

\_\_\_\_ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

I UNDERSTAND THAT, AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE CHARTER TOWNSHIP OF WATERFORD (“TOWNSHIP”) AND AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE TOWNSHIP, THE TOWNSHIP MAY OBTAIN A CONSUMER REPORT THAT INDICATES, BUT IS NOT LIMITED TO, MY CREDITWORTHINESS OR SIMILAR CHARACTERISTICS, EMPLOYMENT AND EDUCATION VERIFICATION, SOCIAL SECURITY VERIFICATION, CRIMINAL AND CIVIL HISTORY, PERSONAL INTERVIEWS, DRIVING RECORDS, ANY OTHER PUBLIC RECORDS AND ANY OTHER INFORMATION BEARING ON MY CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND TRUSTWORTHINESS.

I HEREBY AUTHORIZE AND CONSENT TO THE TOWNSHIP’S PROCUREMENT OF SUCH A REPORT. I UNDERSTAND THAT, PURSUANT TO THE FEDERAL FAIR CREDIT REPORTING ACT, THE TOWNSHIP WILL PROVIDE ME WITH A COPY OF ANY SUCH REPORT IF THE INFORMATION IN SUCH REPORT IS, IN ANY WAY, TO BE USED IN MAKING A DECISION REGARDING MY FITNESS FOR EMPLOYMENT WITH THE TOWNSHIP. I FURTHER UNDERSTAND THAT SUCH REPORT WILL BE MADE AVAILABLE TO ME PRIOR TO ANY SUCH DECISION BEING MADE, ALONG WITH THE NAME AND ADDRESS OF THE REPORTING AGENCY THAT PRODUCED THE REPORT.

\_\_\_\_ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

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**AGREEMENT AND UNDERSTANDING  
(CONTINUED)**

I AGREE THAT ANY LAWSUIT AGAINST THE TOWNSHIP ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO, CLAIMS ARISING UNDER THE STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE FILED WITHIN ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATIONS PERIOD TO THE CONTRARY.

\_\_\_\_ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE CHARTER TOWNSHIP OF WATERFORD. I FURTHER ACKNOWLEDGE I WILL BE ON PROBATIONARY STATUS FROM MY DATE OF HIRE. AS A PROBATIONARY EMPLOYEE, I AM REQUIRED TO WORK DURING THE PROBATIONARY PERIOD WITHOUT INTERRUPTIONS. AS A PROBATIONARY EMPLOYEE, I UNDERSTAND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT THE OPTION OF THE TOWNSHIP OR MYSELF. I UNDERSTAND THAT NO OFFICER OR REPRESENTATIVE OF THE TOWNSHIP HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, EXCEPT THE TOWNSHIP SUPERVISOR, AND ANY SUCH AGREEMENT MUST BE MADE IN WRITING, DIRECTED TO ME PERSONALLY. I FURTHER ACKNOWLEDGE THAT AFTER MY PROBATIONARY PERIOD ENDS, I WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF A COLLECTIVE BARGAINING AGREEMENT.

\_\_\_\_ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

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## **RELEASE OF INFORMATION**

### TO WHOM IT MAY CONCERN

I hereby authorize any representative of the Charter Township of Waterford bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Charter Township of Waterford. Consent is granted for the Charter Township of Waterford to furnish such information as is described above, to third parties in the course of the Charter Township of Waterford fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

FULL NAME (PRINT OR TYPE) \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CURRENT ADDRESS: NUMBER & STREET NAME CITY STATE ZIP

\_\_\_\_ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

DATE

Authority: Act 78 of P.A. of 1935  
Act 155 of P.A. of 1986

**Completion Voluntary**

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**You can save and email your application to [award@waterfordmi.gov](mailto:award@waterfordmi.gov)**